

Thesis Proposal Evaluation Form

Student's Information

Full Name:	Student Num	ber:	Nationality:
Phone Number:		Email Address:	
Program:		Department:	
School:		Year and Month of Admission:	
Date of proposal Submission:		File/Registry Number:	

Proposed Thesis: (A completed proposal submission form must be attached to this form)

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Question/Problem statement:	
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Objectives (General and Practical):	l
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Research Team

1 st Supervisor	Name and Signature:	Academic Rank:
2 nd Supervisor	Name and Signature:	Academic Rank:
1 st Advisor	Name and Signature:	Academic Rank:
2 nd Advisor	Name and Signature:	Academic Rank:

Step 1: Evaluation of the	e Proposal by the Department	
This proposal was eva	luated by the department and the follo	owing decision was made:
<u>Decision:</u>		
☐ Approved		
Conditionally Approve	ed (needs revision)	
□ NOT Approved		
Comments:		
Date of Evaluation	Department Educational Rep.	Signature of Department Dean



Step 2: Evaluation of the Proposal by the School's Postgraduate Council

This proposal was evaluated by the School's Postgraduate Council and the following decision was made: Decision: Approved Conditionally Approved (needs revision) NOT Approved				
Comments:				
Date of Evaluation	Signature of School's Vice Dean for Education	Signature of School's Vice Dean for Research		